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Michael R. Ward Reg No. 38,651 DATE:

March 26, 2007

Number of pages 15 with cover page:

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Comments:

ATTORNEY DOCKET NO.: 514112000320

SERIAL NO.: 10/723,947 GROUP ART UNIT: 1638 EXAMINER: S. Baum

FILING DATE: November 26, 2003 INVENTOR(S): Jorge DUBCOVSKY et al.

TITLE: GENES RESPONSIBLE FOR VERNALIZATION REGULATION IN TEMPERATE

GRASSES AND USES THEREOF

DOCUMENTS ATTACHED: RCE

- 1) RCE Transmittal 1 pg.
- 2) Fee Transmittal IN DUPL. 2 pgs.
- 3) Petition for Extensiion of Time 1 pg.
- 4) Response to Office Action of 10/3/2006 8 pgs.
- 5) EXHIBIT 1 2 pgs.
- 6) Deposit Account authorized to be charged \$905.00

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sf-2289773

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Utility

Design

Reissue

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Fee Description

Total Claims

Name (Print/Type)

25

3. APPLICATION SIZE FEE

HP = highest number of independent claims paid for, if greater than 3.

Michael R. Ward

Plant

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PTO/69/17 (02-07)

Approved for use through 02/28/2007. OMB 0851-0032

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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/723,947 Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number TRANSMITTAL November 26, 2003 Filing Date Jorge DUBCOVSKY First Named Inventor For FY 2007 S. F. Baum Examiner Name Applicant daims small entity status. Sec 37 CFR 1.27 1638 Art Unit TOTAL AMOUNT OF PAYMENT 905.00 514112000320 (3) Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Morrison & Foerster LLP X Deposit Account Deposit Account Number 03-1952 Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$1) Fees Paid (\$) Fee (\$) Fon (\$) Fee (\$) 200 300 150 500 250 100 100 100 50 130 65 200 200 100 300 150 160 80 300 150 500 250 600 300 0 0 200 100 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Multiple Dependent Claims Fee Paid (\$) Extra Claims Fee (\$) Fee Paid (\$) 0 x 25 -0-Fec (8) - 33 = HP = highest number of total claims paid for, if greater than 20. 180 Fee Paid (\$) Extra Claims Fce (\$) × 100 0 -0-

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SUBMITTED B	Y									_
Signature	M	weer	1 LU	مر	Registration No. (Attorney/Appnt)	38,651	Telephone	(41	5) 268-6237	

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer

I hereby certify that this co on the date shown below. Dated: March 26, 2007	rrespondence is being facsimile Signature:	transmitted to the Patern	(LIlia Olsen)	na. 571/273-8300 ,
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